

N. B.—Every item of information should be carefully supplied. AGE shown in plain terms, so that it may be properly classified. EXACT OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Newton
Township Franklin
or Fairview
Village Fairview
or
City (NO.....St.....Ward)

Registration District No. 608 File No. 2199
Primary Registration District No. 5807 Registered No. 4

2 FULL NAME

Mrs Jennie Bass

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED Widow
(Write the word)

6 DATE OF BIRTH July 14 1857
(Month) (Day) (Year)

7 AGE 60 yrs 5 mos 21 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(City or town, State or foreign country) Barry Co., Mo

PARENTS
10 NAME OF FATHER Elias Gow
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn
12 MAIDEN NAME OF MOTHER Wm Loster
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Estell Kemp
Monett Mo
(Address)

15 Jan 12 1918 L. N. Pannell
Filed Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 5 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 18 1917 to Dec 26 1917,
that I last saw him alive on Dec 26 1917,
and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Heart trouble

CONTRIBUTORY
(Secondary)

(Duration).....yrs.....mos.....ds.
(Signed) P. L. Freeland M. D.
Jan 6 1918 (Address) Fairview Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Dice Cemetery DATE OF BURIAL Jan 6 1918

20 UNDERTAKER White & Pogue ADDRESS Fairview, Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

CAUSE OF DEATH in plain terms, so that it may be clearly classified. State the occupation when the death occurred. If the cause of death is very important, state it exactly.

604
5407

2199

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Newton
Township Franklin
or Fairview
Village Fairview
or
City Fairview (No. 608)

Registration District No. 608
Primary Registration District No. 5807

File No. 2199
Registered No. 2199

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Jessie Bass

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M
4 COLOR OR RACE W
5 SINGLE W
MARRIED
WIDOWED
OR DIVORCED
(Write the word)
6 DATE OF BIRTH Jan 2 1898
(Month) (Day) (Year)
7 AGE 22
yrs. mos. ds.
If LESS than
1 day, hrs.
or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(City or town, State or foreign country)

PARENTS
10 NAME OF FATHER Elias Law
11 BIRTHPLACE OF FATHER Tennessee
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Sooter
13 BIRTHPLACE OF MOTHER Tenn
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address)

15 Filed Aug 15 1918 L N Parnell
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 2 1898
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 2 1918, to Jan 2 1918, that I last saw him alive on Jan 2 1918, and that death occurred, on the date stated above, at 11 m. The CAUSE OF DEATH was as follows:

Heart trouble
Mitral Leak
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) P. L. Ireland M. D.
Apr 15 1918 (Address) Fairview Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Fairview Mo DATE OF BURIAL Jan 6 1918
20 UNDERTAKER Poynor & White ADDRESS Fairview

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association.]

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